

9/20

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Am</i>	<i>62812</i>	<i>7/12/10</i>
O.I.P.E. CLASSIFIER		<i>10</i>	<i>7-20</i>
FORMALITY REVIEW	<i>AS</i>	<i>574</i>	<i>8/16/10</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
= Allowed I Interference
- (Through numeral)... Canceled A Appeal
+ Restricted O Objected

Best Available Copy

Claim	Final	Original	Date
1	✓	✓	7/12/10
2	✓	✓	7/12/10
3	✓	✓	7/12/10
4	✓	✓	7/12/10
5	✓	✓	7/12/10
6	✓	✓	7/12/10
7	✓	✓	7/12/10
8	✓	✓	7/12/10
9	✓	✓	7/12/10
10	✓	✓	7/12/10
11	✓	✓	7/12/10
12	✓	✓	7/12/10
13	✓	✓	7/12/10
14	✓	✓	7/12/10
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47	✓	✓	7/12/10
48	✓	✓	7/12/10
49	✓	✓	7/12/10
50	✓	✓	7/12/10

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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